

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10345

62-040644  
STATE FILE NUMBER

FILED NOV 1 1962

VS 300  
Rev. 4/59

1

3

4 0

5 1

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11

12 61-0

13

61

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in lb  
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Firmin Deloge Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits  
Yes ☒ No ☐

c. CITY  
OR TOWN Maplewood

d. STREET  
ADDRESS 3542a Oxford Ave.

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Frederick Charles Reifsteck

## 4. DATE OF DEATH

Month

Day

Year

October 28, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

## 8. DATE OF BIRTH

4-30-99

## 9. AGE (last birthday)

63

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired city employee street dept.

## 10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Co. Mo.

## 11. BIRTHPLACE (City and state or country)

U.S.A

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Henry Reifsteck

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Schulz

## 14. NAME OF HUSBAND OR WIFE

Bessie Reifsteck

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 17. INFORMANT

Address

Mrs. Bessie Reifsteck 3542a Oxford

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Aspiration Asphyxia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

MASSIVE G-I BLEEDING

#### DUE TO (c)

ESOPHAGEAL VARICES 462.1

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BACTERIAL ENDOCARDITIS

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 10/2, to 10/28 and last saw him alive on 10/28

Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

JOHN R. SCHARF M.D.

## 22b. ADDRESS

Firmin Deloge Hospital

## 22c. DATE SIGNED

10/29/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

10-31-62

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

## 23d. LOCATION (City, town, or county)

Lonedell, Missouri

## 24. FUNERAL DIRECTOR

MITTELBERG GORBER

COLONIAL CHAPEL

## 25. DATE RECD. BY LOCAL REG.

OCT 29 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. M. B. Embury*

Licensed Embalmer No.

*13653*

P. O. Address

*St. Louis 8 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.